

RECEIVED
CENTRAL FAX CENTER

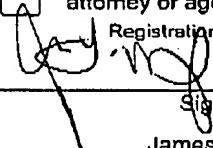
NOV 27 2007

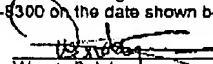
PTO/SB/22 (11-07)

Approved for use through 11/30/2007. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 66221-0048	
Application Number 10/538,546-Conf. #5446		Filed June 10, 2005	
For CANCER IMMUNOTHERAPY USING POLYCOMB PROTEINS			
Art Unit 1642		Examiner C. Joyce	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11/28/2007 VBUI11	00000025 18001
<input type="checkbox"/> A check in the amount of the fee is enclosed.		01 FC:2251	60.00 DA
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 41,882			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Signature 		November 27, 2007 Date	
James F. Kamp Typed or printed name		(248) 594-0666 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 form is submitted.			

One Month Request for Extension of Time Under 37 CFR 1.136(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via facsimile to the U.S. Patent and Trademark Office, MS Amendment fax no.: 571-273-8300 on the date shown below.	
Dated: November 27, 2007	 Wendy Balaban